

# Town of Horicon

## Sewage Disposal System Application and Permit

Permit No. \_\_\_\_\_

\$80.00 Cash \_\_\_\_\_ Check # \_\_\_\_\_

Tax Map # \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

911 Location Address: \_\_\_\_\_

Waste Water Treatment Engineer: \_\_\_\_\_

Note: Alternative System Disposal Designs require New York State Dept. of Health approval

**Attach a carefully drawn scale of proposed sewage disposal system showing house, septic system, well's (including neighbors), streams, lakes and any other physical features. Include all dimensions.**

**A Percolation Test must be performed and results forwarded to the Zoning Office BEFORE an issuance of any septic and/or zoning compliance permit numbers.**

Number of Bedrooms: \_\_\_\_\_ Residential ( ) Commercial ( ) Topography: 0-5% slope \_\_\_\_\_ 6-10% slope \_\_\_\_\_  
11-15% slope \_\_\_\_\_ Greater than 16% \_\_\_\_\_

Septic Tank Size: \_\_\_\_\_ Gallons (Add 250 gallons and 7 sq. ft. for more than 6 bedrooms).  
A garbage disposal and/or hot tub/spa is considered an additional bedroom for determining tank size.

Absorption (Tile) Field - Total length of absorption trenches (2 ft. wide) \_\_\_\_\_

A, B, C to be completed for all locations UNLESS plans have been approved by NYS Dept. of Health

A) Soil Percolation Rate \_\_\_\_\_ Minimum for 1" fall

B) Depth - Seasonal High Ground Water \_\_\_\_\_

C) Depth - Impervious layer \_\_\_\_\_

Pumping Station? YES NO

Lift Pump Required? YES NO

Seepage Pits (cesspool/beehive): No. of Pits \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_

**BEFORE BACKFILLING THE SEPTIC Call 494-4245**

**\*\*\*\*\*YOUR ARE REQUIRED TO NOTIFY THIS OFFICE A MINIMUM OF 24 HOURS  
IN ADVANCE FOR THE FINAL INSPECTION\*\*\*\*\***

**A Certificate of Occupancy (C.O.) will not be issued until Final Inspection approval.**

*The undersigned hereby applies for a Sewage Disposal System Permit and I, we or agent authorizes this application be made and that statements contained herein are true to the best of my/our knowledge and belief. The undersigned hereby makes application for a permit to perform the work shown on the drawing accompanying this application and described herein*

**Applicant's Signature**

**Date**

**\*\*\*\*\*FINAL INSPECTION APPROVAL (office use only)\*\*\*\*\***

Initial Site Review Date \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Date Installed \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Contractor: \_\_\_\_\_

Signature: \_\_\_\_\_

**Zoning Administrator**

**Date**

White copy: File

Yellow Copy: Applicant/Owner (After final inspection approval & signature)

Pink Copy: Applicant